


Client Name: _____
SSN: _____
Provider: _____
Activity: _____

Pre-Approval of IMPACT Contract Claims

I. VERIFICATION:

 Review WPRF or hard copy to verify the following:

- ☐ Date of referral appointment _____
- ☐ Hours and activity on WPAS are correct
- ☐ Correct activity "begin" and "end" dates on WPAS

II. SUPPORTING DOCUMENTATION: *(should be attached)*

- ☐ Attendance records for each service to document participation.
- ☐ Case notes, correspondence, etc., to substantiate appropriateness of the services:
 - ☐ If **Job Readiness**,* initial **and** exit evaluations with copies of resume(s) and job application(s) to document improvement.
 - ☐ If **Job Retention**,*
 - Employment records to substantiate claim.
 - Required client contract/services documented
 - ☐ If **CWEP**,* documentation
 - If new or existing site
 - Maximum hours client allowed to participate, and
 - Weekly progress reports in case file
 - ☐ If **Job Skills Training**,* documentation of
 - Satisfactory progress in, or completion of activities and/or attainment of skill(s) **as described in provider's training curriculum** , and
 - Weekly progress reports shared with client in case file.

***Maximum of one (1) component per client per contract year for each of the above.**

Comments: _____

Pre-approver signature: _____

Date of review: _____